



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
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## **AN INTERVIEW GUIDE FOR MANAGED CARE ORGANIZATION DATA SYSTEMS**

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for the  
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Name of interviewer: \_\_\_\_\_

Interview date: \_\_\_\_\_

MCO name: \_\_\_\_\_

Name(s), title(s), and telephone number(s) of HR staff:

Name	Title	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The data in this module correspond to fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

Throughout the data collection process, please answer all questions as they pertain to the treatment program for the above fiscal year (henceforth referred to as “the fiscal year”).

For fiscal year: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Date Year Month Date Year

**NOTE:** Project summary and introduction.

## A. GENERAL QUESTIONS

I'd like to start by asking you some general questions about the encounter/claims data system at [MCO name].

- A1. Does your MIS consist of a single data system, or multiple data systems? Are you familiar with all data systems comprising your MIS? \_\_\_\_\_  
\_\_\_\_\_
- A2. What software do you use to maintain your encounter database (e.g., MS Access, DBase, SAS, MS Excel, custom software)? \_\_\_\_\_  
\_\_\_\_\_
- A3. Do providers enter data directly, or are they entered by data entry personnel from hard copy forms? \_\_\_\_\_  
\_\_\_\_\_
- A4. Do you have experience creating data files or data extracts from your MIS? By a data extract, we mean writing all records for a given individual to an electronic file, not creating a report summarizing activity for a group of patients. \_\_\_\_\_  
\_\_\_\_\_
- A5. If you were to provide us with a data file, what type of file could you provide us (e.g., block ASCII, MS Excel, DBase)? \_\_\_\_\_
- A6. Because we are following the patients in [MCO name] over time, it is important that we understand how many current [MCO name] patients we can expect to have in our study several years from now. Based on your experience and as of the beginning of this month, approximately what percent of patients who were with [MCO name] 1 year ago are still with [MCO name]:
- a) 1 year ago? \_\_\_\_\_
- b) 3 years ago? \_\_\_\_\_
- c) 5 years ago? \_\_\_\_\_

**B. INTEGRATION WITH OUTSIDE PROVIDERS**

A key aspect of evaluating workplace interventions is understanding how they affect total health care utilization. To understand this, we would like to track *all* health care services received by **[MCO name]** patients. So now I'd like to ask you a few questions to find out how much information from various providers you have, and how that data may differ from the other data you might provide us.

B1. Can you provide us with information on services rendered by providers who are not affiliated with **[MCO name]** but who provide health care services to your patients under your cap? By not affiliated, we mean that the providers are not member providers of **[MCO name]** but may provide services to **[MCO name]** patients through special contracts or point-of-service plans that patients may have. An example of such a provider might be an alcohol or drug abuse treatment facility, an out-of-town emergency room, or a specialist outside of **[MCO name]** to whom the patient was referred. \_\_\_\_\_

B2. Does your MIS contain a provider or place of service code that identifies both providers who are and who are not affiliated with **[MCO name]**? Specifically, do you have a code that identifies:

the home clinic \_\_\_\_\_

other clinics or facilities within **[MCO name]** \_\_\_\_\_

hospitals \_\_\_\_\_

alcohol/drug treatment facilities \_\_\_\_\_

out-of-network emergency room visits \_\_\_\_\_

What is the name of that code? \_\_\_\_\_

B3. Is the data entry process different for specialty clinics such as alcohol/drug treatment facilities? If so, how? \_\_\_\_\_

B4. What data do you require from outside contractors in order for them to receive payment? Where is that data stored? Is it stored with other encounter data? Do you track the number of visits or the amount of services rendered by that contractor, or is the contractor paid a fixed fee? \_\_\_\_\_

B5. Do you have an industrial medicine department that covers worker's compensation and/or disability claims, or do you refer these claims to a specialist? \_\_\_\_\_

B6. What obstacles are there that might prevent us from assessing the total health care utilization of your patients, and what might we do to capture as much of this utilization as possible? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **C. CONFIDENTIALITY—PATIENT IDENTIFYING INFORMATION**

Because of the sensitive nature of our data request, we want to be sure that we protect the confidentiality of the involved patients. So now I'd like to ask you some questions about patient identifying information and confidentiality concerns.

C1. Part of our research requires that we receive patient-level data from you and merge that with patient-level data from other sources. In order to do this, we need to use a patient identifier that uniquely distinguishes one patient from another. A subscriber ID number might be an example of such an identifier. Can you provide us with such an identifier? What do you call that identifier? \_\_\_\_\_

\_\_\_\_\_

C2. What assurances of confidentiality do you require to release this identifier to us?

\_\_\_\_\_  
\_\_\_\_\_

## D. DATA AVAILABILITY

Next, we'd like to ask you some questions about the availability of certain types of health care utilization data. By availability, we mean that you would be able to provide us with the data in an electronic file. Because we want to track individual services received by a patient, we would prefer that each record in the electronic file reflect information for one and only one procedure provided for one and only one diagnosis.

D1. Can you provide us data on *specific* services provided to patients? That is, could you generate an electronic file that has one record per service provided by [MCO name] to one of its patients? By a service, we mean a single procedure as captured by one and only one CPT code.

Yes. \_\_\_\_\_

No. At what level can you provide us data?

a) One record per patient per visit. \_\_\_\_\_

b) One record per patient per day. \_\_\_\_\_

c) Other. Specify (i.e. monthly utilization for a specific population): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D2. Although we want to examine individual services, it is important that we understand how these services combine to form a treatment visit and how treatment visits combine to form a treatment episode. An example of a treatment episode is an initial outpatient visit with several follow-up visits all for the same health problem. For outpatient records, can you provide us with information that

a) links multiple services to a single visit? (if Q1 = Yes) \_\_\_\_\_

gives the number of services per visit? (if Q1 = a) \_\_\_\_\_

gives the number of number of visits and services per day? (if Q1 = b) \_\_\_\_\_

b) links multiple visits to a single treatment episode, or identifies initial and follow-up visits for a common diagnosis? \_\_\_\_\_

D3. For inpatient records, can you provide us with information that

a) links multiple services to a specific day? \_\_\_\_\_

b) links multiple days to a single hospital stay? \_\_\_\_\_

c) identifies distinct hospital stays and gives the length of stay? \_\_\_\_\_

## E. AVAILABLE DATA FIELDS

Now I'd like to ask you about the availability of specific data fields. Which of the following data elements do you have?

### Patient Demographic Data

Data Variables:	Available Electronically?	Unit of Observation*	Available for Off-Site Services?**	Notes
Date of birth				
Sex				
Race/ethnicity				Distinguish white Hispanic from white?
Education				
Marital status				
Relation to subscriber				
Patient enrollment and dis-enrollment dates				Ask about reasons why these dates get changed. Ask for a complete enrollment history.
Patients' primary clinic				
Benefit limitations or health plan information				Pay special attention to limitations on ADM services

\*S = service, V = visit, P = patient

\*\*e.g., alcohol or drug abuse treatment facility, out-of-town emergency room, or specialist



**Utilization Data**

<b>Data Variables:</b>	<b>Available Electronically?</b>	<b>Unit of Observation*</b>	<b>Available for Off-Site Services?**</b>	<b>Notes</b>
Identity of physician seen at visit				
Date of service				
Place of service				Home clinic, specialty clinic, ER, etc.
Cost of service				Amount charged, amount paid, amount allowed, or patient's out-of-pocket
Diagnosis codes (including primary, secondary, etc.)				ICD-9 preferred
Procedure codes (including primary, secondary, etc.)				
Length of stay for inpatient visit				
Pharmacy				

\*S = service, V = visit, P = patient

\*\*e.g., alcohol or drug abuse treatment facility, out-of-town emergency room, or specialist

So that we can better understand the information you've just given me, please send me a test file with the data items we've just discussed for approximately 300 records. This test file is the best way for me to verify my understanding of your data system. Could you please send this test file to me at:

Grantee contact  
address line 1  
address line 2  
address line 3

Do you have any questions regarding this test file?

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## **F. HISTORICAL RECORDS**

An important part of understanding individuals' health care utilization is knowing their health care history. Thus, we'd like to collect historical data on individuals' health care utilization going back at least 5 years.

- F1. Does your current data system include historical information for the last 5 years?
- a) Yes. Does your data go back even farther? How far back? \_\_\_\_\_
- b) No. How far back does your data go? \_\_\_\_\_
- F2. Is there any reason why some historical data may be lost between now and the start of any data collection, because of routine or periodic data purges, for example? \_\_\_\_\_

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## **G. TRANSFERRING DATA**

Finally, we'd like to ask some questions about transferring the data from [MCO name] to us. Because the data files we are requesting will be very large, we would prefer to receive compressed data files on a large electronic medium such as tape or CD ROM.

- G1. Could you write the data files to tape or diskette? If so, please list all formats for both tape and diskette (e.g., 8 mm tape or 3.5" diskette). Please include CD ROM if you can write data to that medium. \_\_\_\_\_

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G3. Are you familiar with any backup utilities such as Microsoft backup? Please list all utilities you have used. \_\_\_\_\_

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To facilitate our understanding of your data system, we'd like to see a printed list of all data fields available on your MIS (including definitions of those fields and definitions of any codes used). Could you please include this list with the test file we discussed above? Thank you. Do you have any questions concerning this interview, the test file, or the list of available data fields that I've requested?

## NOTES

[illegible]